



# Incident Report

**Print Date/Time:** 07/20/2016 10:55  
**Login ID:** ss0143

Lake Stevens Police Department  
**ORI Number:** WA0311900

**Incident:** 2016-00008501

**Incident Date/Time:** 5/5/2016 5:55:00 PM  
**Location:** SOPER HILL RD / SR 9 NE  
LAKE STEVENS WA 98258  
**Phone Number:** (425) 876-0471  
**Report Required:** No  
**Prior Hazards:** No  
**LE Case Number:**

**Incident Type:** Collision  
**Venue:** Lake Stevens  
**Source:** 911  
**Priority:** 2  
**Status:** 2  
**Nature of Call:**

## Unit/Personnel

Unit	Personnel
19N3	SS0136-Shein
19N4	SS0138-Fiske

## Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	CHITWOOD, TAMMETTE		(425) 876-0471			

## Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
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## Disposition(s)

Disposition	Count
M	1

## Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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## CAD Narrative

05/05/2016 : 18:20:20 SP0294 Narrative: CMD TERMINATED

05/05/2016 : 18:15:53 SP0294 Narrative: 4 GREEN

05/05/2016 : 18:10:26 SP0294 Narrative: 3 GRN 1 YEL

05/05/2016 : 18:08:30 SP0294 Narrative: INJ\*

05/05/2016 : 18:08:24 SP0294 Narrative: 2 CAR NON BLKING CHKING FOR ING

05/05/2016 : 18:05:24 SP0418 Narrative: NB LANES 100 YARDS SO 9/92

05/05/2016 : 17:57:27 SP0338 Narrative: 14 YOF CON/BN HEAD BACK PX, 1 ADULT F WHIPLASH SYMPTOMS- DK GRY CRY VAN, ALSO GMC SUV ,

05/05/2016 : 17:56:35 SP0338 Narrative: 2 CAR NON BLKING, 1 INJ

## COLLISION REPORT

STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT

1591971

REPORT NO. **E541016**CASE # **2016-00008501**LOCAL AGENCY  
CODING **0311900**TOTAL # OF  
UNITS **02**OBJECT  
STRUCKTRIBAL  
RESERVATION

M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY #  
DATE OF COLLISION **05** - **05** - **2016** **1756** **31** N ☐ E ☐ IN ☒ S ☐ W ☐ OF **0664**

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒**STATE ROUTE 9 NE**BLOCK NO. ☒**3100**

MILE POST

DISTANCE

**500****00**

MILES

☒ N ☐ E☒ S ☐ W

OF (REFERENCE OR CROSS STREET)

**STATE ROUTE 92**

UNIT 01

MOTOR  
VEHICLE ☒PEDAL-  
CYCLE ☐DAMAGE THRESHOLD MET  
YES ☒ NO ☐

PHONE

**D: 4253459394**LAST NAME **GOODWIN**FIRST NAME **BRIAN**MIDDLE  
INITIAL **S**STREET  
NEW ADDRESS **16961 157TH ST SE**CITY **MONROE**ST **WA**ZIP **982722713**

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S  
LICENSE # **GOODWBS261P5**STATE **WA**SEX **M**D.O.B.  
MMDDYYYY **10** - **25** - **1974**ON DUTY ☐

STATUS

AIRBAG **2**RESTR. **4**EJECT **1**HELMET  
USE **2**INJURY  
CLASS **1**

NATURE OF INJURIES

LICENSE  
PLATE # **AWG6039**STATE **WA**VIN# **1GKFK66U15J199910**TRAILER  
PLATE #

STATE

TRAILER  
PLATE #

STATE

VEH. YEAR **2005**MAKE **GMC**MODEL **YUKON**STYLE **4W**VEHICLE TOWED  
YES ☐ NO ☒

TOWED BY

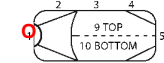
GOVT. VEHICLE  
YES ☐ NO ☒REGISTERED OWNER INFO. **BRIAN GOODWIN 16961 157TH ST SE MONROE WA 98272**LIABILITY INSURANCE  
IN EFFECT ☒INSURANCE CO  
& POLICY # **GEICO 3300082428**VEHICLE  
LEGALLY  
STANDING YES ☐ NO ☐

CITATION #

CHARGE

VEHICLE NO. 1

SHADE IN DAMAGED AREA



UNIT 02

MOTOR  
VEHICLE ☒PEDAL-  
CYCLE ☐PEDESTRIAN ☐PROPERTY  
OWNER ☐DAMAGE THRESHOLD MET  
YES ☒ NO ☐

PHONE

LAST NAME **CHITWOOD**FIRST NAME **TAMMETTE**MIDDLE  
INITIAL **L**STREET  
NEW ADDRESS **7620 MCALLISTER RD**CITY **SNOHOMISH**ST **WA**ZIP **982906135**

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S  
LICENSE # **CHITWTL223LZ**STATE **WA**SEX **F**D.O.B.  
MMDDYYYY **06** - **09** - **1978**ON DUTY ☐

STATUS

AIRBAG **2**RESTR. **4**EJECT **1**HELMET  
USE **2**INJURY  
CLASS **1**

NATURE OF INJURIES

LICENSE  
PLATE # **ALV4564**STATE **WA**VIN# **2C4RC1BG2CR326519**TRAILER  
PLATE #

STATE

TRAILER  
PLATE #

STATE

VEH. YEAR **2012**MAKE **CHRY**MODEL **TOWVAN**

STYLE

VEHICLE TOWED  
YES ☐ NO ☒

TOWED BY

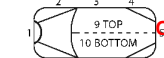
GOVT. VEHICLE  
YES ☐ NO ☒REGISTERED OWNER INFO. **DARRIN CHITWOOD 7620 MCALLISTER RD SNOHOMISH WA 98290**LIABILITY INSURANCE  
IN EFFECT ☒INSURANCE CO  
& POLICY # **GEICO 4366067124**VEHICLE  
LEGALLY  
STANDING YES ☒ NO ☐

CITATION #

CHARGE

VEHICLE NO. 2

SHADE IN DAMAGED AREA



OFFICER'S NAME (PRINT)

**B. FISKE #0138**

BADGE OR ID #

**0138**

AGENCY

**WA0311900**

PART A 3000-345-159 R (7/06)

PAGE 01 OF 3


**STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E541016**CASE # **2016-00008501**
**ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)**

NAME (LAST, FIRST, MIDDLE INITIAL)		<b>GOODWIN CARTER A</b>																		
ADDRESS & PHONE # <b>16961 157TH ST SE MONROE WA 98272</b>														SEX <b>M</b>	D.O.B. MMDDYYYY <b>03</b>	-	<b>21</b>	-	<b>2007</b>	
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	<b>1</b>	SEAT POS.	<b>9</b>	AIRBAG	<b>2</b>	RESTR.	<b>8</b>	EJECT	<b>1</b>	HELMET USE	<b>2</b>	INJURY CLASS	<b>1</b>	NATURE OF INJURIES		
NAME (LAST, FIRST, MIDDLE INITIAL)		<b>CHITWOOD PHYLCITE A</b>																		
ADDRESS & PHONE # <b>7620 MCALLISTER RD SNOHOMISH WA 98290</b>														SEX <b>F</b>	D.O.B. MMDDYYYY <b>08</b>	-	<b>21</b>	-	<b>2001</b>	
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	<b>2</b>	SEAT POS.	<b>3</b>	AIRBAG	<b>2</b>	RESTR.	<b>4</b>	EJECT	<b>1</b>	HELMET USE	<b>2</b>	INJURY CLASS	<b>7</b>	NATURE OF INJURIES <b>NECK PAIN</b>		
NAME (LAST, FIRST, MIDDLE INITIAL)																				
ADDRESS & PHONE #														SEX	D.O.B. MMDDYYYY	-		-		
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES		

**NARRATIVE**

V2 was stopped for traffic in the northbound right lane on SR 92 NE in the 3100 block. V1 was traveling northbound behind V2 and struck V2 in the rear. Driver of V1 stated he thought V2 was moving and didn't realized she was still stopped. Passenger of V2 complained of neck pain. Both vehicle were drivable.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

**B. FISKE #0138**
**05-06-16 07:45 PM**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

SGT. C. VALVICK 0071

DATE

5/7/2016 6:23:30 PM

BADGE OR ID #

0138

ORI #

WA0311900

TIME POLICE DISPATCHED

6:00 PM

TIME POLICE ARRIVED

6:04 PM

REPORT NO. E541016

CASE # 2016-00008501

DATE AND TIME  
OF COLLISION 05/05/16 17:56

